

TWO-SPIRIT AND LGBTQ INDIGENOUS¹ HEALTH

While the health disparities between Indigenous (First Nations, Inuit, and Métis) people in what is now known as Canada and their non-Indigenous peers are well documented, little research exists on the unique health needs of sexual and gender minority individuals who identify as Indigenous.⁽¹⁻³⁾ Existing data on the experiences of lesbian, gay, bisexual, trans, queer, and two-spirit Indigenous people suggests that they experience unique barriers to culturally safe health care, and are at greater risk for negative mental and physical health outcomes than their non-Indigenous LGBTQ peers and their non-LGBTQ Indigenous peers.

The purpose of this fact sheet is to introduce settler service providers to two-spirit and LGBTQ Indigenous health concerns as indicated in current research. Throughout this document, the term “non-Indigenous” will be used interchangeably with “settler” and will refer to one who does not identify as First Nations, Inuit or Métis, and whose ancestors are not indigenous to the land on which they live.

WHAT DOES “TWO-SPIRIT” MEAN?

The term two-spirit (also spelled 2-spirit or two-spirited) was coined by Myra Laramée in 1990.⁽⁴⁾ Two-spirit means different things to different people and different communities. One of the most commonly cited understandings of the term is a person who possesses both masculine and feminine spirits; however, two-spirit is used throughout English-speaking communities on Turtle Island² to distinguish the wide variety of Indigenous concepts of gender and sexual diversity as separate from the European gender binary, which was violently imposed on Indigenous communities through Christianization and the residential school system. Within Indigenous cosmologies, gender and sexual diversity are viewed holistically, with people of many genders and sexualities holding important roles in families and communities.

For some people two-spirit is a gender identity, while others use it to describe their sexual orientation, and still others as a spiritual identity (and some a combination of these elements). Although two-spirit is sometimes used as an umbrella term for LGBTQ Indigenous people, it is important to note that not every Indigenous person who identifies as LGBTQ will identify as two-spirit, and not everyone who identifies as two-spirit will identify as LGBTQ. Some people use the term two-spirit in order to distance themselves from colonial society. Others may identify with a nation-specific term, as many Indigenous languages have words for the gender diversity traditionally found in their communities.

¹ This document uses the term Indigenous (an inclusive, international term predicated on self-identification) instead of Aboriginal (a term defined by the Government of Canada) in reference to individuals and communities who identify as being related to the pre-colonial inhabitants of the land now known as Canada. Exceptions are made when referencing statistics which used other terms (e.g. Aboriginal, American Indian, Alaska Native) for data collection.

² Turtle Island refers to the continent of North America.

Though LGBTQ and two-spirit experiences may overlap, the two are distinct identities, encompassing a vast range of lived experiences. For this reason, many LGBTQ-focused services may not meet the needs of Indigenous community members, and some Indigenous community services may not meet the needs of LGBTQ and two-spirit people.⁽⁵⁾ Further, although Western medicine is practiced in most First Nations, Inuit and Métis communities, Indigenous understandings of health and wellness may be different than those of health care providers, and should be respected.

DETERMINANTS OF HEALTH FOR INDIGENOUS GENDER AND SEXUAL MINORITIES

The cumulative impacts of colonization have negative effects on the health and well-being of Indigenous people throughout what is now known as Canada and the United States.⁽⁶⁾ The ways in which the ongoing legacy of colonialism intersects with other vectors of oppression (like sexism, racism, ableism, homophobia and transphobia) are different for every individual. Likewise, two-spirit and LGBTQ Indigenous people exhibit resilience and strength through a wide variety of community and cultural practices.

RESILIENCY

- Many two-spirit people manage marginalization by coming together to create communities and families based on affirmation, empowerment, and Indigenous teachings.⁽⁷⁾
- Results from several studies show that two-spirit and LGBTQ Indigenous people utilize a large number of coping and survival strategies and are extremely self-reliant.^(8, 9)

TRAUMA

- Indigenous people experience higher rates of personal trauma — such as assault, abuse, and systemic racism — as well as the intergenerational traumas³ of forced relocation and cultural genocide.⁽¹⁰⁾ The Honor Project, a United States study of 447 urban two-spirit people, found that boarding school⁴ attendees were more likely to report alcohol abuse or addiction as well as suicidal thoughts or at least one lifetime suicide attempt.⁽¹¹⁾
- Results from The Honor Project also indicate high levels of assault among urban two-spirit people in the US: 78% of female-identified respondents reported being physically assaulted in their lifetime, and 85% reported being sexually assaulted in their lifetime.⁽¹²⁾
- One US study found that young gay and bisexual American Indian and Alaska Native men were more than twice as likely than their heterosexual peers to report physical abuse, and six times more likely to report childhood sexual abuse.⁽¹³⁾ A Vancouver study also found that Aboriginal men who have sex with men were more likely than their non-Aboriginal counterparts to report childhood sexual abuse.⁽¹⁴⁾
- A study of two-spirit Manitobans found extremely high levels of lifetime partner abuse among respondents — 19 out of 24 people reported having experienced violence in a same-

³ Intergenerational trauma is the passing of trauma and associated maladaptive behaviours from those who experienced it first-hand to their families and communities.

⁴ The boarding school system run by the United States federal government operated from the late 19th century into the late 20th century, and left legacies of trauma similar to Canada's residential school system.⁽¹⁵⁾

sex relationship.⁽¹⁶⁾ A similar study in Vancouver found that 23 out of 25 respondents had experienced domestic abuse at some point in their lives.⁽⁸⁾

- Among the Aboriginal-identified respondents of The Trans PULSE Project, a survey of 433 trans-identified Ontarians, 43% reported being subject to physical or sexual violence motivated by transphobia.⁽¹⁷⁾

DISCRIMINATION & POVERTY

- Isolation and discrimination have real effects on the health and well-being of sexual and gender minority individuals in Indigenous communities.⁽¹⁸⁾
- Research suggests that two-spirit and LGBTQ Indigenous people experience devastating levels of poverty. Especially in urban areas, Aboriginal trans, gay, lesbian, bisexual and two-spirit people experience homelessness at rates far higher than their non-Aboriginal counterparts.^(17, 19) Some report migrating to the city because of discrimination in their home communities, only to find racism within LGBTQ-specific social services and high levels of poverty.^(8, 20)
- Indigenous people in what is now known as Canada are over-represented in the prison system, and sexual and gender minorities within this population are no exception. The Trans PULSE Project found that 26% of those who had been imprisoned while presenting their felt gender were Aboriginal — despite Aboriginal respondents making up only 7% of the total sample.⁽²¹⁾

ACCESS TO CARE

- One focus group conducted among two-spirit people in Québec found that the staff of some Aboriginal health care centres were not welcoming of participants' expression of two-spirit identity. Participants also reported that LGBTQ-specific services often have little knowledge of two-spirit identity or the unique concerns of Aboriginal communities.⁽²²⁾
- Many two-spirit and LGBTQ Indigenous Canadians note that fear of discrimination on the basis of HIV status, sexual orientation, or Indigenous identity has at some point stopped them from accessing health services.⁽⁹⁾
- Participants in multiple studies report feeling unsafe in the health care system because of anti-Aboriginal or anti-LGBTQ bias. This can lead to a delay in seeking care and treatment.^(5, 22) Research indicates that distrust of the medical care system could be mitigated by the presence of Aboriginal front-line service providers.⁽²³⁾
- Lack of confidentiality in small rural and on-reserve community health settings has been cited as a concern by some two-spirit people.^(22, 23, 24) Further, in a study conducted among 24 two-spirit and LGBTQ-identified Aboriginal Manitobans who had recently migrated, one third of respondents indicated that they had been forced out of their communities because of their sexual or gender identity.⁽¹⁶⁾
 - It is important to note that Indigenous communities are not homogenous; while some gender and sexual minority individuals may experience discrimination in Indigenous communities, others may find support and acceptance there. For example, a participant in one Canadian study noted that elders honoured her two-spirit identity by inviting her to participate in both the men's and women's sweatlodge ceremonies.⁽²²⁾

- These concerns may be especially relevant for trans-identified and gender non-conforming Indigenous people. The Trans PULSE Project found that 61% of Aboriginal respondents had at least one unmet healthcare need in the past year.⁽¹⁷⁾ In the US, the National Transgender Discrimination Survey found that 34% of American Indian and Alaska Native respondents had been refused medical care due to anti-trans bias, and 65% had postponed seeking medical care due to fear of discrimination.⁽²⁵⁾

HIV/AIDS

- Research suggests that Indigenous LGBTQ and two-spirit people experience higher rates of HIV infection than their non-Indigenous peers. In a 2006 needs assessment of trans and two-spirit people in Manitoba, 15.3% of Aboriginal respondents reported being HIV positive (compared to just 4% of non-Aboriginal respondents) with another 7.7% unsure of their HIV status.⁽¹⁹⁾
- In a survey of 189 Canadian two-spirit, gay, bisexual, and trans Aboriginal men, 80 respondents reported being HIV positive, and 71% of the total sample cited HIV as a health concern in their lives.⁽⁹⁾
- Some two-spirit and LGBTQ Aboriginal people who are HIV positive report experiences of racism in non-Aboriginal HIV/AIDS service organizations.⁽⁸⁾

MENTAL HEALTH & SUBSTANCE USE

- Multiple studies indicate that two-spirit and LGBTQ Indigenous people experience high rates of depression, anxiety, and substance use.^(5, 8, 12, 16, 19) Low self-esteem has been cited as a risk factor for substance use and high-risk sexual behaviours among some Aboriginal gay, bi, trans and two-spirit men living in Canada.⁽⁹⁾
- Research indicates that rates of non-ceremonial tobacco use⁵ may be elevated among two-spirit and LGBTQ Indigenous populations. In one Canadian study of gay, bisexual, trans and two-spirit Aboriginal men, 78% cited smoking as a lifestyle risk.⁽⁹⁾ Experiences of racial discrimination were strongly correlated with non-ceremonial tobacco use among Honor Project respondents.⁽²⁶⁾
- Two-spirit and Indigenous LGBTQ people report high rates of mental health service utilization^(10, 13) and some two-spirit people identify mental health and substance use as major issues facing two-spirit communities in what is now known as the United States.⁽⁵⁾ However, as discussed above, there are significant barriers to sexual and gender minority Indigenous peoples' access of culturally safe services in rural and on-reserve environments, and this isolation can lead to poor mental health outcomes.⁽²²⁾

⁵ Non-ceremonial tobacco use (such as chewing tobacco or smoking cigarettes) is distinguished from ceremonial tobacco use (the burning of tobacco as a sacred medicine).

SUICIDE

- Intergenerational trauma may play a large role in suicidal ideation and action among two-spirit and LGBTQ Indigenous communities: the Honor Project found that those who attended or who were raised by someone who attended a boarding school were more likely to have suicidal thoughts or attempt suicide in their lifetime.⁽¹¹⁾
- Studies published in the United States and Canada indicate that trans-identified Indigenous people experience high levels of suicide risk, with almost half of sample populations reporting at least one lifetime attempt.^(17, 25)
- Both Indigenous youth and sexual and gender minority youth are at higher risk for suicide than their peers.^(27, 28) Further, the isolation felt by many two-spirit and LGBTQ Indigenous youth in rural and on-reserve communities has been noted as a risk factor for suicide.⁽²⁷⁾
- Research suggests that cultural continuity and affirmation of identity are key to preventing suicide for Indigenous youth.⁽²⁹⁾ One Canadian study found that, in those Aboriginal communities where the majority of members speak their traditional language, youth suicide was virtually non-existent.⁽³⁰⁾

IMPLICATIONS FOR SERVICE PROVIDERS

- There is a great need, identified both by two-spirit and LGBTQ Indigenous people and researchers, for HIV prevention, substance use, mental health, and social support services tailored to the unique needs of this community.^(19, 20)
- Resources and outreach programs must be tailored to fit the needs of two-spirit and LGBTQ Indigenous youth, since the strategies applied to the rest of the LGBTQ population may not be relevant or effective for them.⁽²⁸⁾
 - Having a sense of shared history and participating in community activities promotes resilience among LGBTQ Indigenous and two-spirit youth. One example of community inclusion of two-spirit youth is the Native Youth Sexual Health Network's "Healthy Sexuality and Fighting Homophobia: Native Youth Photography Project" in which youth created a series of posters aimed at fighting homophobia and transphobia. The images can be viewed at <http://nativeyouthsexualhealth.com/youthphotoproject.html>.
- Whenever possible, two-spirit and LGBTQ Indigenous people themselves should be the ones to educate service providers about their needs. Health care workers who themselves identify as two-spirit underscore the importance of service providers demonstrating solidarity and inclusivity in their practice.⁽²²⁾
- A challenge faced by many non-Indigenous service providers is navigating their role as settlers and determining when to refer clients to Indigenous-specific service providers. One way to mitigate this challenge is to familiarize oneself with the local services available for Indigenous clients.
- Research indicates that non-Indigenous service providers adopting the principle of cultural safety can lead to more equitable health outcomes for Indigenous communities. Some key tenets of cultural safety include education about Canada's history of colonization and the Indigenous communities on whose land Canada exists, examination of one's own biases, and addressing on the root causes of health disparities.^(22, 31)
- Recommended ways to put cultural safety into practice include recognizing one's own social location and how it shapes one's assumptions about and interactions with LGBTQ and two-

spirit Indigenous people, and being mindful of the power imbalance that characterizes the relationship between service provider and client.^(22, 32)

- Health care providers should strive to demonstrate respect for Indigenous worldviews — which not only means respecting Indigenous peoples' lived experiences, but also recognizing the authenticity of Indigenous knowledge and ways of knowing.⁽⁷⁾
- The effects of racist, sexist, and heterosexist discrimination and violence to which two-spirit and LGBTQ Indigenous people are disproportionately subject are linked to negative mental and physical health outcomes.⁽¹²⁾ The legacies of colonialism and residential schools, and their lasting impacts on the health of Indigenous individuals and communities, must be taken into account when formulating treatment, outreach, and research plans.⁽²²⁾

FURTHER RESEARCH

- Most of the published research on two-spirit people was conducted in what is now known as the United States, and does not necessarily reflect the experiences of two-spirit and LGBTQ Indigenous people in the context of Canadian colonialism. Virtually all existing research on two-spirit and LGBTQ Indigenous people living in what is now known as Canada has been conducted among small samples, and does not provide a clear picture of the health of two-spirit and LGBTQ-identified Indigenous communities overall. More research among LGBTQ and two-spirit Indigenous communities in Ontario is needed.
- Suicide completion rates for two-spirit and LGBTQ Indigenous people are not known. Although completed suicides are difficult to track (with many recorded as accidental deaths, and no information on sexual orientation or gender identity recorded on official documents), high rates of lifetime suicidal ideation and lifetime suicide attempts among two-spirit and LGBTQ Aboriginal populations suggest that it may be a significant cause of death.⁽²⁷⁾ Research specifically measuring suicidal ideation, suicide attempts, and suicide completion in two-spirit communities is needed.
- Research on Indigenous community health must include data on sexual orientation and gender identity. Similarly, research taking place among LGBTQ populations must be attentive to the existence of Indigenous members of these communities, and the unique types of marginalization they encounter.
- Many Indigenous scholars have proposed that the health of an Indigenous community can only be measured within an indigenous knowledge paradigm which emphasises the interconnectivity of physical, mental, emotional, spiritual, and social well-being.⁽³³⁾ Community involvement in all stages of the research is crucial.⁽³⁴⁾
- While best practices regarding research in Indigenous communities are continually evolving, research suggests that communities ought to retain ownership, control, access, and possession of any findings.⁽³⁵⁾ Additionally, many Indigenous communities have their own guidelines governing research in their communities.

EDUCATIONAL RESOURCES

- **2-Spirited People of the 1st Nations**
www.2spirits.com
A Toronto-based group focused on providing resources for two-spirit people and conducting research in their communities.
- **Native Youth Sexual Health Network**
<http://www.nativeyouthsexualhealth.com/twospiritdirectory.html>
A resource directory by and for two-spirit people across Turtle Island, with information on Indigenous history and suggestions for further reading.
- **Indigenous Physicians' Association of Canada**
<http://ipac-amic.org/newslettersreports/ipac-rcpsc>
Resources for health professionals on providing culturally safe care.

REFERENCES

- 1) Health Canada. (2014). A statistical profile on the health of First Nations in Canada: determinants of health, 2006-2010 (No. 140130). Ottawa, ON: Health Canada.
- 2) Durst, D., South, S. M., & Bluechardt, M. (2006). Urban First Nations people with disabilities speak out. *Journal of Aboriginal Health*, 3(1), 34-43.
- 3) Baker, A. C., & Giles, A. R. (2012). Cultural safety: A framework for interactions between Aboriginal patients and Canadian family medicine practitioners. *Journal of Aboriginal Health*, 9(1), 15-22.
- 4) Two-Spirited People of Manitoba. (n.d.). Surviving and Thriving. Retrieved from <http://www.twospiritmanitoba.ca/about.html>
- 5) Frazer, M. S. & Pruden, H. (2010). Reclaiming our voices: Two-spirit health & human service needs in New York state. Albany, NY: New York State Department of Health AIDS Institute. http://www.health.ny.gov/diseases/aids/providers/reports/native_people/docs/reclaiming_our_voices.pdf
- 6) Walters, K. L., & Simoni, J. M. (2001). Reconceptualizing Native women's health: An "indigenist" stress-coping model. *American Journal of Public Health*, 92(4), 520-524.
- 7) Wilson, A. (2008). N'tacimowin inna nah': Our coming in stories. *Canadian Woman Studies*, 26(3/4), 193-199.
- 8) Ristock, J., Zoccole, A., & Potskin, J. (2011). Aboriginal two-spirit and LGBTQ migration, mobility and health: Vancouver final report. Winnipeg, MB: Canadian Institutes of Health Research. <http://www.2spirits.com/PDFFolder/2011%20Vancouver%20full%20report%20final.pdf>
- 9) Albert, D., Monette, L., & Waalen, J. (2001). Voices of two-spirited men. Toronto, ON: Two-Spirited People of the First Nations. http://www.2spirits.com/PDFFolder/Voices_of_Two-Spirited_Men_-_Part_One.pdf
- 10) Balsam, K. F., Huang, B., Fieland, K. C., Simoni, J. M., & Walters, K. L. (2004). Culture, trauma, and wellness: A comparison of heterosexual and lesbian, gay, bisexual, and two-spirit Native Americans. *Cultural Diversity & Ethnic Minority Psychology*, 10(3), 287-301.
- 11) Evans-Campbell, T., Walters, K. L., Pearson, C. R., & Campbell, C. D. (2012). Indian boarding school experience, substance use, and mental health among urban two-spirit American Indian/Alaska Natives. *The American Journal of Drug and Alcohol Abuse*, 38(5), 421-427.
- 12) Lehavot, K., Walters, K. L., & Simoni, J. M. (2009). Abuse, mastery, and health among lesbian, bisexual, and two-spirit American Indian and Alaska Native women. *Cultural Diversity and Ethnic Minority Psychology*, 15(3), 275-284.
- 13) Barney, D. D. (2004). Health risk-factors for gay American Indian and Alaska Native adolescent males. *Journal of Homosexuality*, 46(1-2), 137-157.
- 14) Heath, K. V., Cornelisse, P. G. A., Strathdee, S. A., Palepu, A., et al. (1999). HIV-associated risk factors among young Canadian Aboriginal and non-Aboriginal men who have sex with men. *International Journal of STD & AIDS*, 10(9), 582.
- 15) Dawson, A. (2012). Histories and memories of the Indian boarding schools in Mexico, Canada, and the United States. *Latin American Perspectives* 39(5), 80-99.

- 16) Ristock, J., Zoccole, A., & Passante, L. (2010). Aboriginal two-spirit and LGBTQ migration, mobility and health research project: Winnipeg final report. Winnipeg, MB: Canadian Institutes for Health Research. <http://www.2spirits.com/PDFFolder/MMHReport.pdf>
- 17) Scheim, A. I., Jackson, R., James, L., Sharp Dopler, T., Pyne, J., & Bauer, G. R. (2013). Barriers to well-being for Aboriginal gender-diverse people: Results from the trans PULSE project in Ontario, Canada. *Ethnicity and Inequalities HSC*, 6(4), 108-120.
- 18) Chae, D. H., & Walters, K. L., (2009). Racial discrimination and racial identity attitudes in relation to self-rated health and physical pain and impairment among two-spirit American Indians/Alaska Natives. *American Journal of Public Health*, 99(S1), S144-S151.
- 19) Taylor, C. G. (2009). Health and safety issues for Aboriginal transgender/two-spirit people in Manitoba. *Canadian Journal of Aboriginal Community-Based HIV/AIDS Research*, 2, 63-84.
- 20) Teengs, D. O., & Travers, R. (2006). "River of life, rapids of change": Understanding HIV vulnerability among two-spirit youth who migrate to Toronto (No. 2). Waterloo, ON: Wilfred Laurier University Health Sciences Faculty Publications. http://scholars.wlu.ca/cgi/viewcontent.cgi?article=1001&context=hesc_faculty
- 21) Scheim, A.I., Cherian, M., Bauer, G. R. & Zong, X. (2013). Joint effort: Prison experiences of trans PULSE participants and recommendations for change. Toronto, ON: Trans PULSE Project E-Bulletin. <http://transpulseproject.ca/wp-content/uploads/2013/04/Prison-Experiences-E-Bulletin-7-vFinal-English.pdf>
- 22) Brotman, S., Ryan, B., Jalbert, Y., & Rowe, B. (2002). Reclaiming space-regaining health: The health care experiences of two-spirit people in Canada. *Journal of Gay & Lesbian Social Services*, 14(1), 67-87.
- 23) 2-Spirited People of the 1st Nations. (2008). Our relatives said: A wise practices guide -- voices of Aboriginal trans-people. Toronto, ON: 2-Spirited People of the 1st Nations. <http://www.2spirits.com/PDFFolder/2Spirits%20Transgender%20Training%20Manual.pdf>
- 24) Vernon, I., & Jumper-Thurman, P. (2005). The changing face of HIV/AIDS among Native populations. *Journal of Psychoactive Drugs*, 37(3), 247-255.
- 25) Fitzgerald, E., Grant, J., & Harrison-Quintana, J. (2012). Injustice at every turn: A look at American Indian and Alaskan Native respondents in the national transgender discrimination survey. Washington, DC: National Gay and Lesbian Task Force. http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf
- 26) Johnson-Jennings, M. D., Belcourt, A., Town, M., Walls, M. L., & Walters, K. L. (2014). Racial discrimination's influence on smoking rates among American Indian Alaska Native two-spirit individuals: Does pain play a role? *Journal of Health Care for the Poor and Underserved*, 25(4), 1667-1678.
- 27) First Nations Centre. (2012). Suicide prevention and two-spirited people. Ottawa, ON: National Aboriginal Health Organization. http://www.naho.ca/documents/fnc/english/2012_04_%20Guidebook_Suicide_Prevention.pdf
- 28) Dyck, D. R. (2012). Report on outcomes and recommendations: LGBTQ youth suicide prevention summit 2012. Ottawa, ON: Egale Canada Human Rights Trust. <http://egale.ca/wp-content/uploads/2013/02/YSPS-Report-online.pdf>
- 29) Chandler, M., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35(2), 191-219.
- 30) Hallett, D., Chandler, M. J., & Lalonde, C. E. (2007). Aboriginal language knowledge and youth suicide. *Cognitive Development*, 22(3), 392-399.
- 31) First Nations Centre. (2009). Cultural competency and safety in First Nations, Inuit and Métis health care. Ottawa, ON: National Aboriginal Health Organization. <http://www.naho.ca/documents/naho/english/factSheets/culturalCompetency.pdf>
- 32) Garrett, M.L. & Barret, B. (2003). Two spirit: counselling Native American gay, lesbian, and bisexual people. *Journal of Multicultural Counseling and Development*, 31(2), 131-142.
- 33) Hill, D. M. (2009). Traditional medicine and restoration of wellness strategies. *Journal of Aboriginal Health*, 5(1), 26-42.
- 34) Burks, D. J., Robbins, R., & Durtschi, J. P. (2011). American Indian gay, bisexual and two-spirit men: A rapid assessment of HIV/AIDS risk factors, barriers to prevention and culturally-sensitive intervention. *Culture, Health & Sexuality*, 13(3), 283-298.
- 35) Schnarch, B. (2004). Ownership, control, access, and possession (OCAP) or self-determination applied to research: A critical analysis of contemporary First Nations research and some options for First Nations communities. *Journal of Aboriginal Health*, 1(1), 80-95.



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*Feedback on this document is welcome. Comments and questions can be addressed to Lorelee Gillis:
lgillis@RainbowHealthOntario.ca*

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